

## MIAMI-DADE COUNTY DIVERSION PROGRAM - REGISTRATION BY MAIL



**Delivering Excellence Every** 

Name:	Home Phone:
Address:	Mobile Phone:
	Date of Birth:
Police case #PD	Date of violation:
	Acknowledgement
	g in the Miami-Dade County Diversion Program freely and volunta ne terms and conditions as set forth regarding my violation pursua tenting Order 2-12.
Criminal Procedure Section	right to have my case brought to speedy trial under Florida Rule 3.191 within 90 days, but that by choosing to participate in such right to speedy trial, so that I may have time to complete
	hereby freely, knowingly and voluntarily waive my right to a speules of Criminal Procedure Section 3.191, the Constitution of Florution.
submitting my payment, in li- against me be dismissed and that I will still have an arrest r	g to register for the Miami-Dade County Diversion Program. Also eu of community service hours, I am requesting that the char that the criminal court case be closed administratively. I underst ecord for the date of the violation and must contact the Miami-D to have my record sealed or expunged.
Print Name	Signature Date
Please mail this form, money Dade County Implementing O	v-order and any additional required documents pursuant to Mia
Fiscal A 9105 NV	Pade Police Department dministration Bureau N 25 <sup>th</sup> Street, Suite 3055 FL 33172
Attn: M	IAMI-DADE COUNTY DIVERSION PROGRAM
	FOR OFFICE USE ONLY
Total CSH completed:	Fee Paid
8A-276(b) Failure to Display Comme	rcial Vehicle Markings: Compliance: Yes/No
9A 172 Business without a least busi	noce tay receipt: Compliance: Vec/No